


# LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT #</b> L06000120164 <b>1. Entity Name</b> Red Velvet Recordings LLC	
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FILED

07 APR 30 AM 8:54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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BK

<b>2. Principal Place of Business</b> 631 E. Call St. Suite, Apt. #, etc. Apt. 205 City & State Tallahassee, FL Zip 32301 Country U.S.A	<b>3. Mailing Address</b> P.O. Box 10632 Suite, Apt. #, etc. 10632 City & State Tallahassee, FL Zip 32302 Country U.S.A
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CR2E083B (8/05)

<b>4. FEI Number</b> 56-2628853	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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<b>7. Name and Address of Current Registered Agent</b>	
Name Todd Hadley	
Street Address (P.O. Box Number is Not Acceptable) 631 E. Call St. Suite 205	
City Tallahassee	
FL	Zip Code 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Todd Hadley  
Signature, typed or printed name of registered agent and title if applicable.

4/30/07  
DATE

FEE IS \$50.00  
 Make Check Payable to Florida Department of State  
 DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	TITLE	BK
NAME	Ty Vincent	NAME	
STREET ADDRESS	631 E. Call St. Suite 205	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee FL, 32301	CITY-ST-ZIP	
TITLE	Todd Hadley - MGRM	TITLE	
NAME	631 E. Call St. Suite 205	NAME	
STREET ADDRESS	Tallahassee FL, 32301	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Todd Hadley 4/30/07 (850) 210-6661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE